



**Mission Statement**

The Alberta College of Medical Diagnostic and Therapeutic Technologists exists so that the public is assured of receiving safe, competent, and ethical diagnostic and therapeutic care by regulated and continually advancing professions.

# Application for Registration: Assessment for Substantial Equivalence\*

for the internationally educated medical radiation or electroneurophysiology technologist

Section 1: Applicant Information			
Title <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Mr.		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	
Surname	Given Name(s)	Previous Last Name	
Telephone	Date of Birth DD                      MM                      YYYY	email	
Home address	City/Province/Country	Postal Code/Zip Code	
Section 2: Speciality			
<input type="checkbox"/> Radiological <input type="checkbox"/> Radiation Therapy <input type="checkbox"/> Nuclear Medicine <input type="checkbox"/> Magnetic Resonance <input type="checkbox"/> Electroneurophysiology			
Section 3: Educational Information			
Title of Program Completed			
Specialty		Credential Obtained <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Other: _____	
Name of Institution for Theoretical Instruction		Name of Institution/Facility for Clinical Training	
Location (City/Country)		Location (City/Country)	
Start Date DD                      MM                      YYYY	Completion Date DD                      MM                      YYYY	Start Date DD                      MM                      YYYY	Completion Date DD                      MM                      YYYY
Section 4: Practice Hours			
<ul style="list-style-type: none"> <li>Indicate the number of hours worked, in the five years preceding this application, in the speciality in which you are applying. These hours must be verified by written confirmation as per previous employment records through the Currency of Practice Hours form or equivalent.</li> <li>If you have worked at additional facilities, please attach a separate page with this information</li> </ul>			
Year	Facility Name	Location (City/Country)	Hours Worked

\*The applicant's competence as indicated by the combination of provided evidence of education, experience and practice in the profession, is comparable to the competence of a regulated member.

**Section 5: Applicant Declaration**

1. Are you currently a member in good standing of another professional College/Association/Body? If yes, please list them here or on a separate sheet:	Yes	No
2. Have you ever been disciplined or are you currently being investigated by this or any other professional College/Association/Body? If yes, please provide details on separate sheet.	Yes	No
3. Do you have a criminal record? If yes, please attach details on a separate sheet. (Please note that this is a "declaration" only and you are not required to obtain a criminal record check.)	Yes	No
4. Do you give permission to the College to contact any authority or association in any jurisdiction to verify the above statements?	Yes	No

**Section 6: Fees**

Please include a non-refundable assessment fee of \$300 Canadian dollars (CAD) for each specialty in which you are applying.

Total Fee: \$\_\_\_\_\_ CAD

Visa                      Number: \_\_\_\_\_

Cheque  
Made payable to the ACMDTT

MasterCard              Expiration date: \_\_\_\_\_/\_\_\_\_\_

**Applicant's signature** \_\_\_\_\_ **Date (dd/mm/yyyy)** \_\_\_\_\_

**Section 7: Declaration of Compliance**

- I verify that all statements contained in this application are accurate. I understand that a false or misleading statement, an omission or misrepresentation may compromise my application and its subsequent outcomes.
- I understand that the collection, use and disclosure of my personal information will be handled in accordance with ACMDTT's Privacy Policy.
- I agree to notify the College immediately of any change to the information I have provided.
- I understand that I may be required to submit further information if required, to determine eligibility for registration.

**Applicant's signature** \_\_\_\_\_ **Date (dd/mm/yyyy)** \_\_\_\_\_

*The College reserves the right to request additional character references and to contact employers.*